

INFANT DEATH & LOW BIRTHWEIGHT REVIEW

¹ Project Number _____ ² Month _____ ³ Year _____ ⁴ Date Review Completed _____

REF #	FACTORS Yes/No responses unless indicated	BABY #1	BABY #2	BABY #3	BABY #4
Outcome					
5	Fetal death, neonatal infant death, postneonatal infant death, LBW, VLBW, list				
6	Cause of death – list				
7	Gestation at birth in weeks				
8	Multiple birth – list twins, triplets, etc.				
9	Birth weight				
10	Infant transferred to high risk facility				
11	Mother transferred to high risk facility				
12	Place of death (Hospital, Home, Other)				
13	Baby sleeping with someone at time of death				
14	Breastfed				
15	Unintended pregnancy (wanted to be pregnant later or not at all)				
Demographics of Baby					
16	Race - list				
17	Hispanic, yes or no				
18	Sex – list				
19	Medicaid, private insurance, uninsured				
Demographics of Mother					
20	Race – list				
21	Hispanic, yes or no				
22	Mother's age at time of delivery				
23	Marital status at time of delivery, list				
24	Education level at time of birth				
25	Gravida and parity - list				
26	Mother lives in urban/rural area - list				
Prenatal Care					
27	Trimester initiated prenatal care - list				
28	Number of prenatal care visits – list				
29	Prenatal care coordination initiated				
Pre-Existing Risk Factors					
30	Obesity				
31	Hypertension				
32	Diabetes				
33	Other medical condition - list				
34	Less than 18 months between deliveries				
35	Previous poor perinatal outcome				
Pregnancy Risk Factors					
36	Preterm labor				
37	Corticosteroids				
38	Preterm labor education documented				
39	Smoking at time of delivery				
40	Alcohol use during pregnancy				
41	Drug use during pregnancy				
42	Infant exposed to second-hand smoke				
43	Decreased fetal movement				
44	Kick count education documented				
45	Inappropriate weight gain				
46	Infection, (bacterial vaginosis, periodontal, etc)				
47	Other - list				

⁴⁸ Monthly Totals ⁴⁹# Births _____ ⁵⁰# Infant deaths _____ ⁵¹#Fetal deaths _____ ⁵²# LBW _____ ⁵³# VLBW _____

FURTHER EXPLANATION

- Please add additional information on infant/mother using table below as needed.

Baby 1	
Baby 2	
Baby 3	
Baby 4	

COMMON FACTORS IDENTIFIED AMONG ALL DEATHS/LBW

PERFORMANCE IMPROVEMENT ACTIVITY PLAN

- Based on findings what new plans/activities has the project implemented to improve outcome?

CHART REVIEWERS

NAME _____ DISCIPLINE _____ PHONE NUMBER _____

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